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CASE OF SUCCESSFUL
DOUBLE OVARIOTOMY
DONE ANTISEPTICALLY.

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CASE OF SUCCESSFUL DOUBLE OVARIOTOMY, DONE ANTISEPTICALLY.

[Read before the North of England Branch of the British Medical Association.]

THE present generation has become so familiar with ovariectomy, and its glorious successes, that it is with a certain amount of diffidence I bring forward the notes of a single case, where other more-favoured surgeons publish their triumphs in twenties, and even in hundreds; still, I trust the details of the following case will be found of sufficient interest to justify its publication.

On July 6th, 1878, Mrs. G., aged 39, who had had eight children born alive during the past twenty years, and four miscarriages within the last two years, consulted me, more on account of general *malaise* than for any feeling of pain or uneasiness referable to any particular part. As she had the peculiar pinched appearance characteristic of ovarian disease, I requested her to undo her clothes, and, on palpation of the abdomen, found fluctuation in an irregular-shaped tumour that occupied the right iliac region and reached nearly to the umbilicus, extending beyond the middle line of the abdomen. On examination, I found the uterus slightly retroflexed, but otherwise normal as to length of cavity, size, position, etc.; but through the vagina could be clearly distinguished, on the left side, a small irregular, fluctuating tumour, about the size of a small orange, which became more distinct by pressure being made on the other tumour; and when thus pressed down the smaller tumour could be pressed against the side of the pelvis, and detained there, while the larger one was permitted to reascend into the abdomen—thus showing that it was in no way connected with it. It thus (with the other ovarian symptoms which it is needless to enumerate) became quite clear that I had to deal with a case of multilocular cyst of both ovaries; though, as a rule, disease of the second ovary is very difficult, if not impossible, to diagnose. I could not discover any pelvic adhesions.

As the ease seemed suitable for ovariectomy, I informed the patient and her husband fully of the necessity of the operation, also of its attendant risks, but strongly recommended her to submit to it. To this she readily assented, and I commenced the preparatory treatment at once by ordering her to remain in bed the greater portion of the day, thus to accustom her to the enforced rest which would be necessary after the operation. The pain, which after a little became more decided, was relieved by bromide of ammonium, in half-drachm doses—a medicine that I have often found useful in the treatment of ovarian disease. The vomiting was troublesome and difficult to subdue, but the bromide of ammonium relieved this symptom also to a considerable extent; and a week before the operation, as her urine became scanty, she was put on half-drachm doses of tincture of perchloride of iron and spirit of nitrous ether, which rendered the urine clearer and much more copious. As I failed to convince a medical friend, whose opinion I value highly, that fluctuation existed in the larger tumour, I tapped one of the largest cysts in it, and removed a large bowl of clear brown fluid by means of the aspirator. Though the needle I used was no bigger than a duck-quill, and the abdominal wound healed at once, the opening in the cyst failed to do so, and the result was a copious discharge of fluid into the peritoneum, which it so irritated that a considerable amount of ascites was present at the time of operation.

The operation was performed on August 15th. The patient was put under the influence of chloroform, which, when properly given, I believe to be less liable to cause sickness than ether; the latter also being very apt to give rise to a troublesome cough, which lasts some days, if not more, and is very distressing and dangerous to a patient after ovariectomy. I left bichloride of methylene out of the question, as I have no personal experience of it; but from the strong recommendation of Mr. Spencer Wells, I purpose soon to try it. And here I may say that, though I have given chloroform close upon a thousand times, I have very rarely met with sickness where circumstances permitted it to be administered four hours after a light repast; and the more I see of its administration, the more firmly am I convinced that it should be given *slowly and gradually*, notwithstanding the high authority against this method of administration. The abdomen was opened from the umbilicus to within an inch of the pubes, and a large quantity of ascitic fluid came away over the waterproof sheeting; the latter was that used by Professor Lister for his dressings, which, from its thinness, fits closely and firmly to the abdomen. The peritoneum was then found very red and velvety in parts, caused by the irritation from the fluid which escaped from the cyst. The tumours were removed in the usual manner; the larger had a long pedicle, which was secured by Mr. Wells's calliper-clamp; the smaller one, as is usual, was almost sessile, and its pedicle was transfixed and secured by a thin earbolised silk ligature, the ends of which were cut short and returned with the pedicle into the abdomen. The toilet of the peritoneum was then carefully completed, the

adhesions not being numerous and entirely parietal and omental; the wound was then closed by eight wire sutures, and on the wound lay the clamp. Antiseptic precautions were used in every detail, and over the gauze a flannel bandage was secured round the patient, who was then placed in bed; and, as she soon complained of pain, a suppository, containing a grain of morphia, was introduced into the rectum.

She soon rallied well and rapidly from the operation, and, at 11 P.M., her temperature was 100.4 deg., and she had neither pain nor sickness. Everything progressed favourably and she was up on the sixteenth day, her temperature being highest on the third morning, when it reached 101.5 deg. in the vagina. All went on well until September 21st, thirty-seven days after the operation, when I was hastily summoned to her, and found her suffering from double pneumonia. Large poultices were immediately applied to her chest in front and at the back, and brandy and ammonia were freely given; but on my return in two hours' time, she was almost comatose, quite insensible, and unable to swallow. Brandy was now freely given *per rectum*, and the poultices continued. Next morning, she was something better, and slowly recovered, though she had two relapses, in one of which she was very near dying. In ten days, she was much better and stronger, when vomiting set in, which soon became faecal in character; and, on examination of the rectum, it was found completely blocked up by large masses of scybala; these were removed, after which she made a rapid and perfect recovery.

REMARKS.—The points of interest in this case are chiefly the diagnosis of both tumours before operation; the perfect success of the antiseptic treatment, the wound healing without pus or smell; the entire absence of peritonitis after the operation, though the peritoneum was found in a red condition from the irritation of the cystic fluid (*vide* Mr. Wells's two hundredth case, edition 1872, page 80); her recovery from double pneumonia after such a serious operation; and finally, the complication of faecal vomiting.
